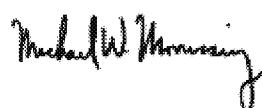


SUMMONS FOR WITNESS		DOCKET NUMBER [REDACTED]	Trial Court of Massachusetts District Court Department	
SESSION: CRIMINAL JURY	NAME AND ADDRESS OF COURT DIVISION			YOU MUST APPEAR AT THIS COURT ADDRESS ON THE DATE AND TIME SPECIFIED HEREIN
NAME, ADDRESS AND ZIP CODE OF DEFENDANT	DEDHAM SUPERIOR COURT 650 HIGH STREET DEDHAM, MA 02026			
COMMONWEALTH V. [REDACTED]	DATE AND TIME OF APPEARANCE			
	AT December 13, 2011 10:00 AM			
NAME, ADDRESS AND ZIP CODE OF WITNESS	DATE TIME			
Kate Corbett Department of Public Health	OFFENSE(S)			Conspiracy to violate the drug laws
<p>TO ANY PERSON AUTHORIZED TO SERVE CRIMINAL PROCESS IN THE COMMONWEALTH: You are hereby commanded to forthwith serve the annexed summons upon the defendant or witness named within by delivering it to the defendant or witness personally, or by leaving it at the dwelling house or usual place of abode of the defendant or witness with some person of suitable and discretion then residing therein, or by mailing it to the last known address of the defendant or witness. NOTE: A summons for a witness may also be served by any person authorized to serve a summons in a civil action. See Rule 17(d)(1) of the Massachusetts Rules of Criminal Procedure.</p> <p>To the above named Witness: You are hereby required in the name of the Commonwealth, to make your appearance before the Justices of the Court on the date and time noted above, and to appear from time to time and day to day thereafter as ordered. You are further required to bring with you:</p> <p>If you do not appear on this date and time a warrant may issue for your arrest. Please call me to ensure your presence at trial. ADA Jason Mohan, 781-830-4800 *258</p>				
WITNESS:	 Michael W. Morrissey, District Attorney			DATE OF ISSUE _____
RETURN OF SERVICE				
I hereby certify that I served the within summons upon the above named Witness by				
<input type="checkbox"/> Delivering a copy of it personally to the defendant or witness. <input type="checkbox"/> Leaving a copy of it at the dwelling house or usual place of abode of the defendant or witness with a person of suitable age and discretion residing therein. <input type="checkbox"/> Mailing a copy of it to the last known address of the defendant or witness. <input type="checkbox"/> I received the summons on _____ but I was unable to make service				
DATE RECEIVED _____				
because: _____				
DATE OF SERVICE	SIGNATURE OF PERSON MAKING SERVICE		TITLE OF PERSON MAKING SERVICE	
			Assistant District Attorney Jason F. Mohan	